As a below named inventor, I hereby declare that:

Docket Number (Optional) 39262/256238

MAR 0 6 2002

My residence, post office address and citizenship are stated below next to my name.

in patent number 5,891,143, granted April 6, 1999, and for which a

reissue patent is sought on the invention entitled Orthopaedic Fixation Plate,

is attached hereto.

the specification of which

was filed on April 5, 2001 as reissue application number 09 / 827,252 and as amended in the preliminary amendment filed April 5, 2001 and in the Amendment and Response filed concurrently with this declaration. (If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

by reason of a defective specification or drawing.

by reason of the patentee claiming more or less than he had the right to claim in the patent.

by reason of other errors.

At least one error upon which reissue is based is described as follows:

The claims as issued in U.S. Patent No. 5,891,143 recite "holes" as the structures that are positioned on fixation plates, whereas the specification indicates that other attachment structures or mechanisms can be used and still fall within the scope of various embodiments of the invention. Thus, Applicants claimed less than they had a right to claim.

Every error in the patent which was corrected in the present reissue application, and is not covered by a prior oath/declaration submitted in this application, arose without any deceptive intention on the part of the Applicant.

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IPage 1 of 31

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/51 (10-00)
Approved for use through 10/31/2002. OMB 0651-0033
U.S. Patent and Tradem of Tradem ess it displays a valid OMB control number.

## (REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

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All errors corrected in this reissue applica applicant. As a named inventor, I hereby and transact all business in the Patent an	appoint the following attor	ney(s) and/or ag			this application
Name(s)	Registration Nu	mber			
See attached list	See attache				
					···
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I hereby declare that all statements made herein of be true; and further that these statements were man imprisonment, or both, under 18 U.S.C. 1001, and thereon, or any patent to which this declaration is d	de with the knowledge that willfuch that willfuch that such willful false statements	ul false statements a	and the like so	made are	punishable by fine and
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